

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/595359 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	2			1			53						
4	3			1			54						
5	1			1			55						
6	3			1			56						
7	3			1			57						
8	3			1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22	1			1			72						
23	3			1			73						
24	1			1			74						
25	1			1			75						
26	1			1			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			25				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						